

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

7

PLAINTIFF <b>Edna Lewis-Ramey</b>	COURT CASE NUMBER <b>08C1358</b>
DEFENDANT <b>John E. Potter</b>	TYPE OF PROCESS <b>S/C</b>

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>John E. Potter, Postmaster General.</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>U.S. Postal Service, 475 L'Enfant Plaza, S.W., Washington, DC 20260-0010</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <b>Edna Lewis Ramey 739 Countryside Dr. Bolingbrook, IL 60490</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>3</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

FILED

MAR 24 2008 MAR 24 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>03-10-08</b>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1 OF 3</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	Date <b>03-10-08</b>
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I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) <b>Received Receipt of Certified Delivery (green card) signed by H. SOD.</b>	Date of Service <b>3-13-08</b> Time <b>pm</b> Signature of U.S. Marshal or Deputy

Service Fee <b>0</b>	Total Mileage Charges (including endeavors) <b>0</b>	Forwarding Fee <b>6.11</b>	Total Charges <b>6.11</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>6.11</b>	Amount of Refund <b>0</b>
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REMARKS: **Mailed certified mail 7007 0710 0000 96000207**

SENDER: COMPLETE THIS SECTION		COMPLETE THE SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>M. Soor</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>JOHN E. POTTER, POSTMASTER GENERAL UNITED STATES POSTAL SERVICE 475 LENFANT PLAZA, SW WASHINGTON, DC 20260</b></p>		<p>B. Restricted (enter name) <i>M. Soor</i> C. Date of Delivery <i>3-13-08</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>5. Article Number (Transfer from service label)</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102505-08-00-1540</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail  
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• Sender: Please print your name, address, and ZIP code in this box

United States Marshals Service  
219 S. Dearborn Street, Room 2444  
Chicago, IL 60604  
Attn: Civil

FILE

MAR 24 2008

MICHAEL W. DOBBS  
CLERK, U.S. DISTRICT COURT

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